

Foster Family Home - Deficiency Report

Provider ID: 1-210052

Home Name: Roesy Yabut, CNA

901 Naopala Lane

Honolulu

HI 96819

Review ID: 1-210052-1

Reviewer: David Ayling

Begin Date: 7/21/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 8/21/21.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - CG #3, HHM #1, HHM #2, and HHM #3 need current 1st year APS/CAN and fingerprints.

David A Ayling RN
Compliance Manager

Roesy Yabut
Primary Care Giver

7/21/2021
Date

7/21/2021
Date

CTA RN Compliance Manager: David Ayling, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Roesy Yabut

(PLEASE PRINT)

CCFFH Address: 901 Haopala Lane, Honolulu, HI

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1) (2)	I received current APS/CAN and Fingerprints from CG #3, HHM #1, HHM #2, and HHM #3. I put them in my ccffh binder.	8/22/21	I made a list of expiration dates for APS/CAN and fingerprints for all CG's and HHM's. I put the list on the front on my ccffh binder. I will check it every month.

☒ All items that were fixed are attached to this CAP

PCG's Signature: *Roesy Yabut*

Date: 8/22/21

☒ CTA has reviewed all corrected items